

**CITY OF SANTA BARBARA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**Sub-grantee Agency Monthly Report & Request for Payment**

**Subgrantee Agency** \_\_\_\_\_

**Program/Project Title** \_\_\_\_\_ **Project #** \_\_\_\_\_

**Month Ending** \_\_\_\_\_, 20 \_\_\_\_ **Prepared by:** \_\_\_\_\_

**SECTION I: Financial**

Code # / Name	Grant Amount	Request Amount	Total Spent To Date	Balance CDBG Grant
<b>Salary:</b>				
Salaries		0010	0010	0010
Group Ins		0050	0050	0050
Workers Comp		0060	0060	0060
Retirement		0070	0070	0070
Unemployment Ins.		0080	0080	0080
		Total	Total	Total
<b>Supplies/Services:</b>				
Ins. & Bonds		0420	0420	0420
Office Supplies		0160	0160	0160
Program Supplies		0180	0180	0180
Prof. Services		0330	0330	0330
Communication		0144	0144	0144
Electric & Gas		0130	0130	0130
Bldg/Prop Rent		0270	0270	0270
Equip & Rental		0280	0280	0280
Mileage		0340	0340	0340
Rental Assistance		0440	0440	0440
Economic Develop.		0480	0480	0480
		Total	Total	Total
<b>Capital Outlay:</b>				
Bldg Construction		1601	1601	1601
Bldg Improvements		0621	0621	0621
Equip & Furniture		0641	0641	0641
Land Acquisition		0611	0611	0611
		Total	Total	Total
			<b>Total Expended To Date:</b>	
			<b>Grant Balance:</b>	

**Agency is responsible to supply supporting documentation for amount requested as per Exhibit F of Contract including but not limited to:**

**Payroll/Salary:** The amount of staff time charged to CDBG program activity must be clearly identified. If an employee's time is split between CDBG and another funding source, time distribution records supporting the allocation of charges among the sources must be submitted. This time allocation and the resulting portion of salary paid to employee for time spent working directly on CDBG-funded activities **MUST BE SIGNED BY EMPLOYEE AND SUPERVISOR OF EMPLOYEE**. Canceled checks, pay-stubs, or evidence of direct deposit will document the actual outlay of funds. Form for reporting salary is available at <http://www.santabarbaraca.gov/Resident/Health/CDBG/CDBG.htm>

⇒ **Note: No reimbursement payments are processed without proper documentation received and approved by CDBG staff.**

## **SECTION II Accomplishments**

**Please provide a short narrative highlighting program events, trends, progress or significant deviation from your goals and objectives. Please note any staff budget changes.**

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Sub-grantee Agency \_\_\_\_\_ Month/Year \_\_\_\_\_

Prepared by \_\_\_\_\_ Project # \_\_\_\_\_

**SECTION II Accomplishments, Cont.**

OBJECTIVE	ANNUAL GOAL	ACHIEVEMENTS	
		MONTH	YTD

Sub-grantee Agency \_\_\_\_\_ Month/Year \_\_\_\_\_

**SECTION III: Number of Households or Persons Assisted (please specify "H" or "P")**

RACE/ETHNICITY	Unduplicated Month (All)	Unduplicated Month (Hispanic)	Unduplicated Year to Date (All)	Unduplicated Year to Date (Hispanic)
White				
Black/African American				
Asian				
American Indian or Alaska Native				
Native Hawaiian or Other Pacific Islander				
American Indian or Alaska Native <b>AND</b> White				
Asian <b>AND</b> White				
Black/African American <b>AND</b> White				
American Indian /Alaska Native <b>AND</b> Black/African American				
<b>GRAND TOTAL RACE/ETHNICITY</b>				

AGE	Unduplicated Month	Unduplicated Year to Date
0-18		
19-64		
65+		
GENDER	Unduplicated Month	Unduplicated Year to Date
Female		
Male		
INCOME LEVEL	Unduplicated Month	Unduplicated Year to Date
Extremely Low Income 0-30% of MFI		
Low Income 31-50% of MFI		
Moderate Income 51-80% of MFI		
Above Moderate Income 81% + of MFI		
OTHER CHARACTERISTICS	Unduplicated Month	Unduplicated Year to Date
Total Female Headed Households		
Individuals w/ Disabilities		
HOMELESS	Unduplicated Month	Unduplicated Year to Date
<b>Homeless (TOTAL)*</b>		
# of Individuals		
# of Families		
# of Chronically Homeless**		
<b>TOTAL UNDUPLICATED CLIENTS</b>		

\* Homeless individuals & families who have been assisted with transitional and permanent housing.

\*\* Individuals that have lived in a shelter or on the streets for the last year or have had four episodes of homelessness in the past 3 years.

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**Sub-grantee Agency** \_\_\_\_\_ **Month/Year** \_\_\_\_\_  
**Prepared by** \_\_\_\_\_ **Project #** \_\_\_\_\_

**SECTION IV: CERTIFICATION**

The undersigned hereby certifies that

1. The amount of \$ \_\_\_\_\_ was expended for the month of \_\_\_\_\_ 20 \_\_\_\_  
for the execution of the above named Program and supporting documentation is attached  
as required by contract;
  
2. If applicable, the amount of staff time charged to CDBG was paid to employee for time  
spent working directly on CDBG-funded activities. Time and salary documentation is  
attached which supports reimbursement;
  
3. All individuals or households directly benefiting or receiving CDBG-funded services  
have provided proof of income qualification. Adequate income documentation must at  
the minimum include confirmation such as unemployment documents, tax returns, pay  
stubs, etc. that objectively support the income levels reported by participants at the time  
they are assisted under the low-moderate (LMC) income eligibility standards; and
  
4. Sub-grantee is responsible for obtaining and maintaining adequate and objective  
income documentation on each individual or household served and is in a position to  
provide said documentation upon request by CDBG or HUD representatives.

Signature: _____	Date _____
Project Supervisor	

**For City of Santa Barbara Staff Use Only**

Report received within 7 days of end of month ☐ yes ☐ no. Date Received \_\_\_\_\_  
Authorization for payment and verification that expenditures are consistent with contracted  
scope of services:  
  
Community Development \_\_\_\_\_ Date \_\_\_\_\_